27. *Treatment of Internal Intestinal Stricture.*—Dr. Lambl states (*Virch. Arch.* xlv.) that in three cases of internal stricture of intestine, he saw the best results derived from placing the patient upon his elbows and knees, for as long a time as this position could be retained, gentle friction of the abdomen from the groins upwards to the umbilicus, with both hands, being at the same time applied. The chief benefit of the position referred to is, that in it the contents of the intestinal canal are directed in an opposite course to what they would be were the patient to be laid on his back.—*Centralblatt f. d. Medicin. Wissenschaf.*, 1869, Jan., No. 4. D. F. C.

28. *Subcutaneous Injections in Asthma.*—Prof. Hirtz has tried the effect of subcutaneous injections of morphia in this disease. His first patient was a young girl, handsome and intelligent, and otherwise healthy, but having monthly attacks of asthma. At these times respiration was so noisy as to be heard outside the room. One hundredth of a gramme of acetate of morphia was injected in the arm, and in five minutes the greatest relief was experienced. The same dose since that time has served to cut short all attacks, although almost every sort of treatment had previously been tried in vain.

Prof. Hirtz had also tried the sulphate of atropia subcutaneously. He finds that in doses of a five-hundredth of a gramme it acts more rapidly but less permanently than the above-mentioned quantity of morphia. In chronic cases it may be well to try the two remedies alternately.—*Syd. Soc. Bienn. Retrosp.* 1869, from *Bull. Gén. de Thérap.*

29. *Bromides in Epilepsy, etc.*—Mr. Kesteven has employed the bromides in epilepsy, laryngismus, convulsions, chorea, certain nervous headaches, melancholia, and acute mania. He considers the doses mentioned in works on therapeutics are generally too small, the proper dose being from 15 to 20 grains, which may be continued for a considerable period, and which are never followed by any injurious effects, unless a certain degree of drowsiness be so considered. Dr. Kesteven gives the details of various cases, and concludes with the following propositions: 1. That by reason of their possessing a special influence on nerve tissues, and upon the vaso-motor nerves, whereby they prevent sudden arterial action, we have in the bromides most valuable remedies for certain affections of the nervous system. 2. That in order to obtain their full therapeutic powers the bromides must be given in large doses, and their use prolonged. 3. That where these medicines are not efficacious to work a cure, their influence is sufficient to diminish the severity and prolong the intervals of epileptic seizures.—*Practitioner*, Sept. 1869, from *Journal of Mental Science*, July, 1869.

30. *Echinococcus within the Cavity of the Dura Mater Spinalis.*—Dr. Bartels (*Deutsches Archiv*, v. 108) states that in a case of nervous disease he detected two hydatids (echinococci) within the sac of the spinal dura mater. One of them lay immediately beneath the cervical enlargement of the medulla spinalis on the posterior face of the left side of the latter, which it had flattened by compression. The other hydatid was located 7½ cm. below the first, on the left side and beneath the pia mater. It had also, as the first, compressed the spinal medulla. The consistence of the latter, above the position of the first hydatid, was normal; lower down it was more or less softened—becoming at one part almost diffluent. The length of the cysts was, respectively, 5 and 3.8 cm. By the microscope their true character as *echinococcus cysts* was clearly revealed. The patient was a male, 25 years old. His illness had commenced by a sense of pain in the left arm, extending finally to the right arm. There was, also, pain of the neck, increased by pressure and by the movements of the throat. There soon supervened a sense of contraction in the chest, followed by anæsthesia of both arms; first in the left, then in the right. At the end of two weeks, the power of motion was lost almost simultaneously in both lower extremities—there occurred at the same time retention of urine and involuntary stools. The anæsthesia had now extended over the surface of the body as high as the seventh rib. The freedom of motion in the left arm was impaired. The sensibility of the right upper extremity was not lessened. The left hand

was somewhat benumbed. The muscles of the back, in the neighbourhood of the diseased portion of the spinal cord, and also the ilio-psoas muscles of both sides were paralyzed. The tonicity of the abdominal parietes were diminished. The pupil of the left eye was permanently contracted. Pressure made with the ends of the fingers over the surface of the limbs and of the abdomen produced an appearance resembling the so-called *tache cerebral*. In the further course of the disease vesications, indicative of sphacelus, made their appearance on the feet. The anæsthesia of the trunk ascended to the seat of pain. The sensitiveness and mobility of the upper extremities constantly increased, and in the left arm were experienced severe dragging pains. In the right arm sensibility and mobility were diminished but not obliterated. At a later date there were experienced painful spasms, with œdematous swelling. The patient lay upon his back, with the hips and both heels pressed to the couch. A bronchial catarrh finally set in, with an almost continual contraction of the abdominal muscles, terminating speedily in death. All the symptoms observed during the lifetime of the patient were evidently due to a chronic, very gradually increasing pressure from behind, of the spinal marrow, and its consequent atrophy, and of which condition of things, under all circumstances, they may be considered as diagnostic.—*Centralblatt f. d. Med. Wissenschaften*, January, 1869. D. F. C.

SURGICAL PATHOLOGY AND THERAPEUTICS, AND OPERATIVE SURGERY.

31. *Albumen in the Urine, sometimes in Conjunction with the Colouring Matter of the Blood, as a Consequence of Surgical Diseases and Operations.*—Mr. HENRY LEE states (*Lancet*, Aug. 21, 1869) that, during the years 1837–8, he collected together "several cases which occurred in St. George's Hospital, in which the urine was albuminous, but in which there was reason to belive that there was no disease of the kidneys. In most of these cases the presence of albumen was accounted for by the ascertained disease of the bladder or of the prostate gland. This, however, was not invariably the case. * * *

"Quite recently two cases have come under my care which have appeared to me to demonstrate that when the blood is contaminated in consequence of accident or disease, albuminous water may be the result, without any organic disease of the kidney. The albumen in such cases, together with the colouring matter of the blood, may escape in very considerable quantities. * * *

"Independently of the cases which have fallen under my own care, I have known of others in which, after a surgical operation or disease, the urine has become albuminous, and sometimes has remained so for a very considerable period. I have also been informed of two cases in which the urine at the same time became very dark coloured, and was supposed to contain blood. The cases which I have given, although few in number, are, I think, sufficient to show that albumen in large quantities may be present in the urine as a secondary affection dependent upon disease in some distant part. Such an affection must be carefully distinguished from any local disease capable of producing albumen in the ureters, bladder, or urethra. In both classes of cases the albumen may be produced independent of any organic disease of the kidneys, and in both it may be mixed with the colouring matter of the blood. From the cases which have come under my notice I am inclined to believe that in the first class the colouring matter of the blood is found independent of any blood-corpuscles; and that in the second the colour depends upon the blood-globules themselves. All the cases which I have known in which the peculiar colour of the urine, to which I have drawn attention, has accompanied the secretion of albumen as a secondary affection (independent of any disease of the kidney, and independent of any affection in the urinary channels themselves), have been instances in which there was evidence, more or less distinct, of coagula having formed in some part of the vascular system. These coagula have been disintegrated and removed. The